

**James P. Grant School of Public Health
BRAC University**

Monograph series: 4

**Violence Against Women in Bangladesh:
Situational Analysis/Existing Interventions**

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ACKNOWLEDGEMENTS

The author would like to thank Dr. Hilary Standing of the Institute of Development Studies, University of Sussex, UK, Dr. Mushtaque Chowdhury, Dr. Sabina Faiz Rashid and Mr. Ilias Mahmud of the James P Grant School of Public Health, BRAC University, Bangladesh for their intellectual input and invaluable advice. The author expresses appreciation for the financial support (Grant HD4) provided by the UK Department for International Development (DfID) for the Realising Rights Research Programme Consortium. This document is an output from a project funded by DfID for the benefit of developing countries. The views expressed are not necessarily those of DfID.

ACRONYMS

| | |
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| ASF | Acid Survivors Foundation |
| ASK | Ain-o-Shalish Kendra |
| ATSEC | Action Against Trafficking and Sexual Exploitation of Children |
| BCC | Behaviour Change Communication |
| BIM | Bangladesh Institute of Management |
| BLAST | Bangladesh Legal Aids Trust |
| BMP | Bangladesh Mahila Parishad |
| BNWLA | Bangladesh National Women Lawyer's Association |
| BRAC | Building Resources Across Communities |
| BUP | Bangladesh Unnayan Parishad |
| BWHC | Bangladesh Women's Health Coalition |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CRC | Convention on the Rights of the Child |
| CWCS | Centre for Women's and Children's Studies |
| DANIDA | Danish International Development Agency |
| DMCH | Dhaka Medical College Hospital |
| DNA | Deoxyribonucleic acid |
| FIR | First Information Report |
| HPSP | Health and Population Sector Programme |
| IRNVAW | International Research Network on Violence against Women |
| MSCS | Marie Stopes Clinic Society |
| MSP-VAW | Multi-Sector Programme on Violence against Women |
| MWCA | Ministry of Women and Children Affairs |
| NCWD | National Council for Women's Development |
| NGO | Non Government Organization |
| OCC | One-Stop Crisis Centre (of MSP-VAW) |
| OUT | Legal Aid Outreach Clinic (of ASK) |
| PFA | (Beijing) Platform for Action |
| PHCC | Primary Health Care Centre (of MSCS) |
| PIL | Public Interest Litigation |
| PSU | Psychosocial Unit (of ASF) |
| RRMU | Rapid Response & Mediation Unit (of ASK) |
| TWB | Traffic Watch Bangladesh |
| UAE | United Arab Emirates |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| UP | Union Parishad |
| VAW | Violence against women |
| WFHI | Woman Friendly Hospital Initiative |
| WHO | World Health Organization |

SUMMARY

In a study carried out in Bangladesh on Women's Health and Domestic Violence as part of a multi- country study between 2000 and 2003 by the World Health Organization, it was estimated that 53% of 1603 women in urban Dhaka and 62% of 1527 women in rural Matlab had ever experienced physical or sexual violence in their lifetime. Also, a report published annually by the Bangladesh National Women Lawyer's Association on violence against women in 2006 showed that various forms of violence continued to be endured by Bangladeshi women such as rape, dowry related violence, acid attacks, murder, trafficking, and *fatwa* related violence. However, the Bangladesh Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (with reservations to Article 2 and 16c). The Government has also endorsed the Platform for Action of the Fourth World Conference of Women in Beijing in 1995 without any reservations and has committed to its implementation at the national level. As a result, a National Action Plan (NAP) was drafted in February 1997 for the advancement of women by reviewing twelve ministries. However, there continues to be an absence of prevalence data on VAW issues and women continue to be subjected to violence at the home, workplace and the public sphere.

By learning more about the various forms of violence against women as well as its causes and consequences and by looking at the interventions that exist to combat them, it will help assess the situation better and aid in finding ways to alleviate it.

The aim of this report is to review the extent of violence against women in Bangladesh and existing interventions in this regard.

This literature review was carried out by obtaining information from published reports such as annual reports, books and articles collected from local NGOs who work with VAW issues. Information was also gathered from interviews with staff of local NGOs. Furthermore, workshops and seminars were attended such as those of the Multi-Sector Programme on Violence against Women (MSP-VAW) a joint initiative of 6 ministries of the Government of Bangladesh and the dissemination session of the annual report on VAW by the BNWLA, among others.

Forms of violence found in the review at the household level include battering, verbal abuse, marital rape, forced sex and dowry related violence. At the work place, the review found various forms of sexual harassment at garment factories and electronic industries such as pulling hair, slapping, hitting on the head, stroking, touching the body, winking, staring, whistling, standing very close, and pinching. Offensive and suggestive comments, whistling, getting run over, kicking, tripping over, groping and pinching were some of the abuses faced by women who walked to work. In public buses grabbing, groping and suggestive comments were endured by working women as well. In the public sphere forms of violence include rape, *fatwa* related violence, murder/suicide, acid attacks, violence in police custody, trafficking, forced prostitution, and pressure to accept contraceptives without proper counselling of side effects.

Also, literature showed that causes of violence were lack of knowledge of women's rights and lack of implementation and enforcement by judiciary and law enforcement agencies. Lack of education, lack of economic independence, and income and lack of security were some of the other reasons found to result in violence. Finally, poverty, culture and tradition and the subordination of women were found to be the root causes behind violence against women.

The consequences of violence were found to be affecting the health, social and economic components of women's lives.

Existing interventions that strive to address VAW in Bangladesh are legal aid and awareness, mediation, shelter homes, counselling services, medical services, community mobilization, research & documentation, advocacy, and monitoring of state interventions such as police cells which are carried out by many non-government organizations, especially women's and human rights groups. The Government also has an extensive programme that addresses VAW involving seven ministries called the Multi-Sectoral Programme on Violence Against Women (MSP-VAW) whose objectives are to improve public services such as health, police assistance, criminal justice and social services (counselling, rehabilitation) that are utilised by women victims of violence and to increase public awareness on all forms of VAW.

Literature showed that gaps in the political environment and the government, the legal system, the social structure, research and health services are present which need to be addressed so that VAW can be redressed: Hoodlums get away with committing violence against women because of their affiliation with political parties'. Corrupt police officials and lack of women representatives in higher authoritative positions in civil and police administration are some of the other deterring factors in addressing VAW. Laws exist to combat violence but are often not implemented due to complicated and lengthy court proceedings, detailed evidence required in sensitive cases such as rape, and the miscreant being in a more powerful social position than the victim. Socially, raped or abducted women and battered wives face social stigma. Most information on violence is found in newspapers and cannot be evaluated as extensively as data collected from in depth studies. Also discussion of violence remains limited among urban elites and information is not widely disseminated among the rural poor. Gaps in the health sector include lack of qualified psychological counsellors and lack of understanding of the significance of mental health support.

I. INTRODUCTION AND INTERNATIONAL CONTEXT

Violence against women is a universal phenomenon which transcends all social, economic and racial barriers (BNWLA, 2000). As Marijke Velzeboer et al. (as cited in BNWLA, 2000) argue “gender-based violence” is one of the most widespread human rights abuses and public health problems in the world today, affecting as many as *one out of every three women*. In a review of over 50 population-based studies carried out in 35 countries before 1999 showed that between 10% and 52% of women around the world reported having been physically abused by an intimate partner at some point in their lives, and between 10% and 30% said that they had experienced sexual violence by an intimate partner. Also, between 10% and 27% of women and girls reported having been sexually abused, either as children or as adults (WHO, 2005).

One of the main challenges facing international research, on violence against women is to develop clear definitions of different types of violence (WHO, 2005). The UN declaration defines violence against women as “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether in public or private life.” (Ministry of Women and Children Affairs, 2004). *Domestic* violence may be defined as “Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation”(Afsana et al. 2005). Globally, definitions of violence used to create methods of measuring estimates of violence vary across countries, and these methodological differences create difficulty in drawing meaningful comparisons or to understand the similarities and differences in extent, patterns and factors associated with violence in different settings (WHO, 2005). For example, some studies focused only on physical violence inflicted by a partner, while others also took into consideration emotional and sexual violence. Other studies highlighted an entire lifetime’s worth of violence experiences, while some focused on a specific period, such as that of a current relationship. Other variations were found in violence studies, such as definition of the study population (age range, partnership status, etc) forms of violence taken into account, range of questions asked, and whether the privacy and confidentiality of the respondents were ensured (WHO, 2005). Thus although these studies aided in increasing attention to the issue of VAW, researchers needed a way to measure and define violence in a way that allowed results to be compared across diverse cultural settings. Hence, during the early 1990s, the International Research Network on Violence against Women (IRNVAW) was borne. A group of researchers and advocates created the network to share insights and address key challenges faced by investigators interested in gender-based violence. This network addressed challenges such as how the safety of respondents and researcher could be ensured throughout the research process. Ultimately, the recommendations of IRNVAW were utilized in the WHO Study (discussed in the occurrences section of this report) on domestic violence and women’s health (WHO, 2005).

Other than finding common ground in defining violence, changes were also observed among researchers on the focus of the health outcomes of violence. Previously, clinicians and policy makers considered *injury* as the major health outcome of violence, if they considered health outcomes at all (WHO, 2005). During the 1990's however, other health related conditions associated with intimate partner violence and sexual abuse of women were brought into the limelight. For example, chronic pain syndromes, drug and alcohol abuse, complications of frequent, high-risk pregnancies and lack of follow-up care; increased risk of unwanted pregnancy and restricted access to family planning information and contraceptives; unsafe abortion or injuries sustained during a legal abortion after an unwanted pregnancy; persistent gynecological problems; sexually transmitted infections including HIV/AIDS, mental health problems including fear of sex and loss of pleasure, and decreased physical functioning were all associated with violence victims. This additional health related conditions shed light on the crucial fact that violence also increased the *risk* of future ill health. Thus health professionals are increasingly conceptualizing violence as more than just a health problem in and of itself and are now viewing it as a risk factor that, like smoking or unsafe sex, increases a woman's risk of variety of diseases and conditions (WHO, 2005).

In order to achieve the UN millennium developmental goals, particularly goal 3 (promote equality and empower women) and goal 5 (improve maternal health) by 2015, it is imperative that violence against women be addressed and the root causes be brought out in the open and combated.

Predisposing Factors of VAW in Bangladesh: Patriarchy, Gender Norms and *Purdah*

In the context of Bangladesh, violence against women appears to be correlated to the discrimination that a girl child faces, from her birth and throughout her lifetime. This discrimination is deeply embedded in traditional culture and social practices. (BNWLA, 2000) Laws, religion, judicial procedures and socio-economic status further exacerbate the problem (Afsana et al., 2005).

Traditionally, patriarchy is the way of life in Bangladesh and thus women's labour, their sexuality, their choice of marriage partner, their access to labour and other markets and their income and assets are all controlled by men. Within the household and through local decision-making and legal bodies (e.g. *samaj* and *shalish*), men also are in command of women's access to social, economic and political and legal institutions. Typically, Bangladeshi women depend on men throughout their lives, from fathers, through husbands to sons (Baden, Green, Goetz, & Guhathakurta, 1994).

Purdah is the social institution that creates an artificial divide between men and women in Bangladeshi society. This divide is created through restriction of women's mobility outside the home and thus limiting the range of economic activities she is involved in as well as her role in decision-making and other activities in the public domain. Although *purdah* is essentially a control of female sexuality by keeping her hidden from the public sphere, it is rationalized as being a form of protection of family honour (*izzat*). It should be noted, however, that *purdah* varies with socio-economic status and class. Many poor women are forced into agricultural labour or work in labor outside the home to earn an income (Baden et al., 1994). In a qualitative study on experiences of industrial female workers of sexual harassment, Siddiqi (2003) stated, "very few women covered themselves as a sign of personal piety" (p.51). The respondents stated that as the

borkha hides the shape of the body, it provides them with protection similar to that which armour would provide. As men are more hesitant to harass women in *borkhas*, thus these working class women may be somewhat protected from such forms of abuse, although this is not always guaranteed. According to a respondent in this study, poor women are more vulnerable to sexual harassment in public places, and upper class women are the only ones who may avail justice, if she is sexually harassed (Siddiqi, 2003).

Throughout this report, several causes of violence against Bangladeshi women are discussed. It should be kept in mind, however, that the factors that shape the environment that predisposes women to violence are primarily patriarchy, gender norms and *purdah*.

This literature review focuses on what is known about violence against women in Bangladesh from published studies and a few personal interviews of staff who work at organizations which work with VAW issues.

The objectives of this literature review are:

1. To learn about the various forms of violence that women in Bangladesh endure.
2. To understand the causes and consequences of violence.
3. To look at the existing interventions that are employed to address VAW in Bangladesh by non-government and women's organizations as well as by the Government.
4. To examine some of the gaps in existing interventions that combat VAW in the country.

II. METHODOLOGY

A comprehensive review of literature on violence against women in Bangladesh was carried out. The report contains information mainly from published reports available i.e., annual reports, books and articles collected from local NGOs who work with VAW issues. Some of the information in the report is gathered from interviews with staff of local NGOs such as Bangladesh Women's Lawyers Association (BNWLA), Naripokkho, Ain-o-Shalish Kendra (ASK), Marie Stopes Clinic Society, Bangladesh Women's Health Coalition (BWHC), and Bangladesh Legal Aids Trust (BLAST). Also, workshops and seminars were attended of the Multi-Sector Programme on Violence against Women (MSP-VAW), a joint initiative of 6 ministries of the Government of Bangladesh and funded by DANIDA to collect data for this report. Besides, the dissemination session of the annual report on VAW by the BNWLA and a consultation meeting of Manusher Jonno and their partner organizations working with VAW at the field level were also attended and relevant information from these sessions used in this report.

Information contained in this report include a situational analysis of different forms of violence that occur within Bangladesh, their causes and consequences, occurrences of some of these types of violence, and finally existing interventions such as legal aid and awareness, mediation, shelter homes, counselling services, medical services, community mobilization, research & documentation, advocacy, the monitoring of police cells, and national networks of various women's groups and human rights organizations. The annex contains laws and policies that seek to combat VAW in the country, international conventions ratified by Bangladesh, such as CEDAW and Beijing PFA, the role of the ministries of the Government of Bangladesh in addressing VAW, counselling services across Bangladesh and their quality of service, and a summary of existing interventions to combat VAW in the country.

III. FORMS OF VIOLENCE IN BANGLADESH

Women across the globe face various forms of violence in their day-to-day lives ranging from verbal abuse to physical torture and even death (BNWLA, 2000). In this section, the forms of violence specifically endured by Bangladeshi women are explored, beginning with the range of violent acts occurring at home to those encountered at the workplace and finally to those faced in public places, including those caused by law enforcers and the community.

(a) Household- Based Violence

Domestic violence continues to haunt Bangladeshi women but is not always seen as a legal offence. A traditional patriarchal way of life means that this is still seen as a social issue and women must bear the consequences. A Project Coordinator of VAW, BNWLA, commented in a personal interview, “If women have the religious belief that each part of their body that gets beaten by their husband goes to heaven, then how can we get them to realize that they are being violated? Our work should thus be to bring out the realization among women and Bangladeshi society that women should not have to tolerate any form of violence and that it is a serious offence against them.” This comment is reflected by the WHO study on domestic violence (see occurrences section of this report) where it reveals that over half of the women in both the rural and the urban areas studied did not think that the violence was very serious and thus they did not seek help after being physically abused. Domestic violence needs to be recognized as a legal offence rather than a mere social transgression. The home is said to be synonymous with comfort and security (WHO, 2005). Yet, pain and humiliation are all that many women endure in this supposedly safe haven. If a man comes home from work and does not find a prepared meal, or is served leftovers, or, his wife does not remember to do his laundry, if he is under the notion that their children are not receiving enough attention, if she does not do what he asked for right away, if she retorts when he admonishes her, or if she goes out of the home without his consent. All these are grounds for a husband battering his wife, according to BNWLA’s Violence against Women in Bangladesh Report (2000). Views of violence against women in Bangladeshi society remain vague, noted Jahan (1988) as cited in Afsana et al. (2005). While some find violence to be distasteful and express disapproval of it, others think that it may be tolerated. Due to gender inequality, unequal power relations between the sexes result and this in turn validates certain forms of violence under given contexts. Also, the beating of wives seems to be common throughout the country (Jahan, 1988 cited in Afsana et al., 2005). Not only males but even females feel that battering their womenfolk is a right of men, especially when women are seen to go astray from male demands or controls, according to many studies (Ameen, 2005; Naripokkho & Bangladesh Mahila Parishad, n.d.; Marcus, 1993) as cited in Afsana et al. (2005)’s study. The outcome is an underreporting and/or little significance given by women and others to occurrences of domestic abuse (Afsana et al., 2005).

Yet, violence in the realm of the home is not limited to battering of the wife by a husband. Nor is it inflicted upon a woman only by her husband. In Bangladesh,

families often live as “joint families”, meaning a couple and their children share a living space with their in-laws, mostly from the husband’s side of the family. As a result, during a familial conflict, the woman is the only “outsider”, and may face many forms of violence when she has “done something wrong”. This ranges from the inability to bear children or sons, inability to meet dowry demands, to not having a pleasing physical appearance. Violence in the home is not only physical violence by a husband or in-laws, but also verbal abuse and sexual abuse including marital rape and forced sex by the husband (BNWLA, 2000). (See occurrences section for magnitude of these forms of violence).

Violence inflicted on women due to her inability to meet dowry demands

Dowry is the payment of a settlement for the bride to the groom (BNWLA, 2000). This payment may be in the form of cash, furniture, television set, bicycle, or a rickshaw (Afsana *et al* 2005). Although the amount is often negotiated in advance, often the bride’s family is unable to pay the entire amount. This often results in violence against the woman by her husband and in-laws. These include physical torture, death from physical torture and divorce, abandonment, suicide and acid attacks. Data from an Ain-O-Shalish Kendra’s research shows that out of 404 incidents of dowry related violence, 32% women were below 20 years of age. (Naripokkho & Bangladesh Mahila Parishad, n.d.). As most women are married between the ages of 13- 20, this explains why most of the dowry related cases are between the 13-18 and 19-24 age range. (BNWLA, 2000) This is a cause for concern, as these adolescent females are extremely vulnerable to dowry-related violence. Although the Child Marriage Restraint Act 1929 (amended in 1984) does not permit marriage of Bangladeshi females below the age of eighteen (see annex on existing laws and policies for details), this law is rarely enforced. More relevant is the Dowry Prohibition Act (1980) which, as explained by the Ministry of Women’s and Children’s Affairs is not enforced by the judiciary or law enforcement agencies and is not utilised by the general public due to lack of awareness. The women’s movement argues that is more of a devaluation of women in society, where she is simply a burden thrown on the shoulders of her in-laws’ family members and must be compensated through material goods and money (Naripokkho & Bangladesh Mahila Parishad, n.d.).

(b) Violence Encountered at the Workplace and the Commute to Work

Siddiqi (2003) conducted a qualitative comparative study on 20 garment workers from Export processing zones (EPZ), 21 workers from non EPZ garment factories, and 40 from the electronics industries. The study aimed to explore the experiences of women workers in terms of the sexual harassment they encounter, not only at the workplace, but also during their travel to and from work on the streets and in public transportation. Siddiqi states that on the macro level, sexual harassment stands as a major obstacle in the assimilation of women in the labour market (Siddiqi, 2003: 12).

By doing so, the achievement of gender equality and economic growth are seriously impeded. On an individual standpoint, such harassment can lead to emotional stress, depression, fatigue, anxiety, an inability to concentrate, humiliation and anger, etc. Consequently, these lower work performances, hampers teamwork and collaboration due to tension, hostility, and fear in the workplace. Ultimately, these result in decreased productivity and more absenteeism, loss of interest in work, and even resignation of valuable employees (Siddiqi, 2003, p.12).

Forms of violence at the work place

Siddiqi (2003) found that in non EPZ garment factories, supervisors, linemen, line chiefs, and production managers engage in subjecting women garment workers to various forms of physical abuse such as pulling hair, slapping, hitting on the head, stroking, touching the body, and even kissing the workers while these women are seated at the machines (Siddiqi, 2003, p.34). Furthermore, they not only abuse these women verbally, they also wink, stare, whistle, stand very close to them or pinch them. Also, they publicly humiliate these females by making them parade through the factories with hands on their ears or stand on stools with their legs apart. The night shift puts female garments workers in a more precarious situation in that supervisors may call them to a deserted area of the workplace by making excuses of wanting to talk to them about a work related mistake, etc. According to the respondents of this study, the highest amounts of attempted and actual rapes occur at such times.

Forms of violence on the commute to work

Siddiqi (2003) points out sexual harassment is not limited to only during the time women are in the workplace, but its occurrence is also widespread during the travel to and from work. In the daytime, these forms of abuse range from offensive and suggestive comments, whistling from pedestrians, rickshaw pullers, storeowners as well as personnel and passengers on public buses. Even though women walk in groups for protection from such abuse, rickshaw pullers and three wheeler drivers still try to run them over or try to drive them off the street. Moreover, pedestrians often kick or trip over these women and even grope and pinch them. Women in the study also claimed that rickshaw pullers position themselves in such a manner as to expose their private parts while the women walk to work in the morning (Siddiqi, 2003, p.41-42).

In public buses, forms of abuse include being charged higher fares, being refused to get on board, and being grabbed and groped while getting off and on buses. Even passengers, particularly older males, shove, squeeze, pinch and make suggestive comments. Electronic workers in the study claimed that waiting for buses for long periods of time meant subjecting themselves to more abuse from passers-by (Siddiqi, 2003, p.42). The study also notes that travelling at night is more risky in that the women may be abducted and raped.

(c) Violence in the Public Sphere

Rape

Rape is the second most common form violence among police, First Information Report (FIR) of violence against women as well as the form of violence for which women are admitted to hospital for treatment (Azim, 2001). The most commonly reported form of violence in police records is abduction while the most common form of violence for which women are admitted to hospitals is battering. Like dowry-related violence, rape appears to be inflicted on a majority of young women that is 66% of 1345 victims of rape were found to be under the age of 25 according to Ain-O-Shalish Kendra documents. In another 2045 rape victims, 39% were under the age of 15, which indicates further vulnerability of the female child in Bangladesh. Looking at records of various institutions may lead to the fact that most women who are victims of rape are very young, but looking more closely at these records show that often the age of women are not documented in these court dockets.(Naripokkho & Bangladesh Mahila Parishad, n.d.). Furthermore, rape cases are underreported due to fear of losing the family honour

and not ever being approached for marriage (Afsana et al., 2005). A raped woman is socially ostracized and is denied social and family protection. There are several laws that carry punishments for rapists, but, according to BNWLA, these perpetrators go unpunished primarily because of the negative connotations that society places on rape victims, the accused being usually more powerful in society, and there being many loopholes in the legal system. Laws such as that under the Penal Code state that the act of rape is punishable with up to ten years of prison with a fine. If the rape is followed by murder, the punishment is as severe as life imprisonment. Furthermore two laws dictate that rape is penalized by prison for life or even a death sentence – these laws are the Women and Children Repression (Special Provisions) Act of 1995 and also the Repression of Violence Against Women and Children Bill of 1998. The Special Powers Act of 1974 (after amendment) punishes rapists by setting up of a special tribunal (BNWLA, 2000). However, by bribing law enforcement authorities and thus manipulating evidence, the perpetrator can easily evade these laws and can manoeuvre the case to his benefit. Thus even if there is strong evidence against the rapist, the victim's low status in society due to poverty or education or both can lead to the victory of the rapist. Even the police react to a rape victim in a gender discriminatory manner and instead of filing a First Information Report (FIR), he places the victim under Section 290 of the Criminal Procedure Code. This section indicates wrongfully that the victim is of “bad character” and she has instigated the sexual act in the first place and later misreported it as rape (BNWLA, 2000).

Fatwa and hilla (intervening) marriage

Fatwa is Arabic for opinion by a person learned in *Shariah*¹ (Ain O Shalish Kendra, 2004). In Bangladeshi villages, it is pronounced by persons who have no legal authority; they do not clarify an ambiguous legal situation but weight up evidence, which traditionally was never a function of a *fatwa* giver. Increasingly, *fatwas* are being used to bolster the authority of the *shalish*. Some punitive *fatwas* have been issued against women for being divorced, for working with NGOs or even working outside the home. Some punishments are inhuman, such as, flogging, buried up to the waist and stoned to death, beating with shoes, etc. According to the ASK, practising *fatwas* are considered wholly illegal and without lawful authority in the context of the cases considered (UNIFEM, 2003). Only the judicial arm of the State has authority over judicial matters according to the constitution. Furthermore, only a person who is duly qualified and has specific authority to issue *fatwas* in legal systems that *do* allow such issuances may practice this form of mediation. That is, such *fatwas* are only recognized under specific procedures that provide for the terms on and the extent to which they are practiced. Also, the practice of *hilla* or intervening marriage is still imposed in some places on women whose husband orally divorces her and later wants to take her back. Although this has no legal basis in Bangladesh, often, local leaders issue an illegal *fatwa* for a woman to enter into such an intervening marriage (UNIFEM, 2003).

Murder/Suicide

During the period of 1995-1998, total number of suicides was 450, according to Ain-O-Shalish Kendra documentation unit. However, only 28% of these cases were documented with law enforcing agencies. Most of the victims were either under the age of 25 (64%) or the age of 20 (38%). Murder victims tended to be older, with 34% of 379 victims being more than 30 years of age and 18% between 21-25 years of age. Suicide

¹ Islamic law

cases were mostly rape victims unable to bear the shame of being “dishonoured” as mentioned by the police. Also, a lot of girls who are pressured to get married out of their own will use suicide as a form of ultimate protest against such marriage (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Acid violence

During the eighties, a new form of violence arose in Bangladesh as the flinging of acid upon a person, often women, usually by rejected suitors, love affairs gone wrong or over land and property disputes (Afsana et al., 2005). The result is as fatal as third degree burns and even blindness. According to Afsana et al. (2005), one acid throwing case occurs every three days as reported in the 1993 Annual report on violence as stated by Azim (n/d). The sale of acid is barely prevented by the government, which makes access to it all the easier. Although a specific law exists which punishes the perpetrator of acid violence with death under the Penal Code, often the perpetrator is from a more socially powerful background, so can easily evade the law. A staff member of Naripokkho, stated, “Sometimes the police, instead of providing support to the acid victim, even claim that the woman poured acid on herself!” (Personal communication, August, 2006)

Custodial violence

“Safe Custody” is a means of providing a safe place temporarily for women who have been a victim of rape, or rescued from trafficking by the police, etc (BNWLA, 2000). In reality, women in safe custody are in risk of further assault or rape by the police themselves. As there is reportedly no budget allocated to keep women separately in safe custody, they are actually kept with other prisoners and are treated as if they are charged with, or convicted for, an offence. Often as the policeman who is investigating a rape is the colleague of the rapist, he may misuse his power and again put the victim through this horrific ordeal. The strictest form of punishment they receive is a demotion or loss of service or a transfer (BNWLA, 2000).

Trafficking

Women who are trafficked usually come from a very poor family with too many mouths to feed and they have no job skills or are paid very little in their current job. (Naripokkho & Bangladesh Mahila Parishad, n.d.). They are either trafficked within the country or to red light districts such as Delhi, Calcutta, Bombay, Karachi or Lahore or an Arab State. They either work as domestic maid in Arab countries or in sweatshops and carpet factories in India or Pakistan. The agent is usually “job recruiting official”, a relative or a neighbour, who falsely promises the parents of the victim a better job opportunity abroad, or even a “husband” who charges no dowry only to sell the victim when they have moved to another location. Liberalization and free-market economy have largely contributed to the phenomena of trafficking. The cheapest form of labour in sweatshops and the services sector are used by entrepreneurs in more developed countries, thus more and more women are trafficked to meet this demand (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Forced prostitution

Young girls between the ages of 9 and 15 are either kidnapped, or sold to agents usually by poverty stricken parents and brought to the large cities of the country to brothel owners (Naripokkho & Bangladesh Mahila Parishad, n.d.). They may also be falsely promised jobs by these agents. In many cases, the girls are often under the authority of a “landlady” at the brothel who confiscates all her earnings and only gives her food to eat and clothes to wear (personal communication, brothel in Dauladia, Bangladesh).

Violation of reproductive rights

Within the South Asian region, including Bangladesh, a trend was observed of the Governments placing emphasis on rapid reduction of the rate of population growth as a key objective of nationwide development. Consequently, poor women are often pressured to accept contraceptive methods without proper counselling and referral to manage side effects as part of a vigorous campaign to increase contraception prevalence rates (United Nations, 2000).

Causes of Violence

A study by Naripokkho and Bangladesh Mahila Parishad (n.d.) shows that in the context of Bangladesh, causes of violence may be categorized into three levels: immediate, intermediate and underlying.

By immediate, the authors of the study mean factors that appear to be the cause of violent acts on a superficial level. For example, acid violence is found to be the effect of refusal of marriage proposals, love, unmet dowry demands, etc. Premarital pregnancy & affair and extramarital relationship may lead to community violence. Unmet dowry demand, family feud, rape & failure to rape may result in murder. And, lack of support staff, weak and corrupt personnel may be the reason behind custodial violence at police stations (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Also, according to the authors, violent acts have more deeply rooted cause than the ones mentioned above. These can be categorized as being intermediate level causes. For example, although the dowry prohibition act (1980) exists (see Annex 1 for details), lack of knowledge about women's rights & lack of implementation & enforcement by judiciary & law enforcement agencies may still lead to violence against women. Furthermore, education has been shown to play a role on women's power & autonomy in that most educated women have more equal power relationships; were less dependent upon their husbands' approval for self esteem & discussed family matters openly with their spouse. Thus the authors state that lack of education lessens women's power and autonomy and may cause her to become a victim of violence. Similarly, lack of economic independence & income as well as lack of security for women are other causes at an intermediate level (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Furthermore, the authors point out that the root causes of violence are deeply embedded in the structure of society. These may be categorized as the underlying causes and include poverty, culture and tradition, and the subordination of women. Poverty that is, increasing landlessness, pauperisation, and unemployment increase the tension and stress in male-female relations in poor households and results in desertion, divorce and violence. Age-old cultural practices such as child marriage continue to be practiced as a solution to preventing sexual relations of young daughters out of wedlock. Also, the male child in a typical Bangladeshi household is often socialized to be dominant, proud and aggressive and decision makers in the household with the right to beat their wives if they behave 'unacceptably'. Practices such as these result in violence against women. Also, religious conservatism in which misinterpretation and misuse of religious principles by religious fanatic and influential community leader results in women being punished for adultery, marriage of their own choice, divorce remarriage and pregnancies outside of wedlock. Even if males are involved in similar

“misdeeds”, the woman and her family are punished more heavily. Furthermore, commodification of women, where the appearance of the woman is her biggest asset, brings about acid violence in attempts to destroy her life by destroying her marriage prospects, her confidence and her acceptability in society. And finally, violence against women is utilized as a crucial social mechanism of gender inequity by which women are forced into a subordinate position compared to men (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Consequences of Violence

Violence against women can have dire consequences, not only on health, but also on the social and economic components of women’s lives (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Health related consequences include pelvic infections, abortions, sterility, chronic pains, gastrointestinal diseases, post traumatic stress syndrome including depression and suicide attempt, anxiety and isolation, disturbed conjugal life. For rape victims, STDs, pregnancy, abortion, permanent damage to reproductive tracts and other organs, childbirth, forced motherhood, having negative reaction to men or sexual relations are some of the negative effects that violence causes. For acid violence victims, health problems may be disfigurement, long-term disability and pain. For custodial & community violence victims, physical injury, pregnancy, disability and death are possible health outcomes (Naripokkho & Bangladesh Mahila Parishad n.d.).

Socially, there are many negative effects brought about by VAW. These include: social condemnation (shame and dishonour), rejection from family/society and deprivation from education. Specifically, rape victims endure embarrassment or harassment by the asking of shameful questions by society and by the “sensationalism by media”, that is, the highlighting of rape cases by the media. Often, these women are forced into migration or prostitution. Victims of family violence, that is, women who are battered by more powerful family members may batter weaker household members, e.g., children or domestic aid. Furthermore, due to disfigurement and sexual harassment in custody, acid violence victims are rejected from family and their marriage falls apart. For unmarried girls, chances of marriage are slim and engagements often break. Also, community violence victims face challenges such as being deprived of employment, health services, voting rights, and freedom of movement, and are susceptible or more vulnerable of being trafficked (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Economically, consequences that women who are victims of violence face range from having to pay for medical expenses to treating injuries as a result of violence. Also they may lose employment and cannot get a new job, are denied shelter or economic support by their families (Naripokkho & Bangladesh Mahila Parishad, n.d.).

Occurrences

Prevalence data on violence against women in Bangladesh is scarce. Few studies have been carried out which try to estimate prevalence levels of the various forms of VAW, their causes and consequences, etc. The largest study on VAW in Bangladesh was carried out by WHO (2005). Data from this study along with a smaller study by BNWLA are outlined below:

Findings from the WHO Study

A multi-country study was carried out between 2000 and 2003 on Women's Health and Domestic violence against Women involving 24,000 women from over ten countries including Bangladesh sponsored by the World Health Organization. The study assessed women's experiences of violence using a questionnaire developed and validated for cross-cultural use, with a special focus on violence by intimate partners (WHO, 2005). The Bangladesh part of the study involved a cross sectional survey of women aged 15-49 in the capital city Dhaka and the rural area of Matlab, with 1603 interviewees in the capital city and 1527 in the rural area. In the study, definitions of partner violence were as follows: *Physical violence* meant that the woman had been slapped, or had something thrown at her; pushed or shoved; hit with a fist or something else that could hurt; kicked, dragged or beaten up; choked or burnt; threatened with or had a weapon used against her. *Sexual violence* was defined as the woman have being physically forced to have sexual intercourse; had had sexual intercourse because she was afraid of what her partner might do; had been forced to do something sexual she found degrading or humiliating.

Marital status was similar in both the locales, with 86% of those in Dhaka being ever married while in Matlab the percentage was 87%. Their educational level varied considerably, with a 37% of women in Matlab having never attended school while in Dhaka the rate was a mere 18%.

The findings can be summarized as:

1) Prevalence of partner violence

| Reporting of violence experienced | % of Women interviewed in Dhaka (N=1603) | % of Women interviewed in Matlab (N =1527) |
|---|---|---|
| Physical violence (ever in lifetime) | 40 | 42 |
| Sexual Violence (ever in lifetime) | 37 | 50 |
| Physical abuse (within past year) | 19 | 16 |
| Sexual abuse (within past year) | 20 | 24 |
| Physical or sexual violence (ever experienced in lifetime) | 53 | 62 |

2) Injuries inflicted by a partner

One in four women who reported experiencing physical violence in both rural and urban areas claimed they had been injured at least once in their entire life. Out of these women, a third stated being injured within the preceding year. Of these injured women those who required health care to alleviate these injuries amounted to 68% of the urban respondents and 80% of their rural counterparts.

3) Partner inflicted physical abuse during pregnant state

Ever-pregnant women experienced physical violence during at least one pregnancy in both Dhaka and Matlab, with 10% of the women in the city reporting such incidences while 12% of the respondents from the rural areas claimed encountering the same. Of these women, those who were punched or kicked in the abdomen constituted 37% of those in Dhaka and 25% in Matlab.

Most (80%) of the women who were beaten during pregnancy also reported being beaten by the same individual before they were pregnant. Some of these women who were physically violated before they were pregnant (12% in Dhaka and 8% in Matlab) said the abuse had exacerbated during their pregnant state).

4) Non-partner physical and sexual violence since the age of 15 years

| Non partner induced | Dhaka | Matlab |
|----------------------------|--------------|---------------|
| Physical violence | 17% | 11% |
| Sexual violence | 8% | 0.5% |

In both urban and rural locales, the physical violence was inflicted by relatives. A large majority (79%) of the urban women reported being sexually violated by strangers.

5) Sexual abuse of girls under 15 years of age and forced first sex

Sexual violence was experienced before the age of 15 by a total of 7% of the study group in Dhaka and 1% of the group interviewed in Matlab. A correlation was found between the woman's age at first sexual intercourse and chances that it was forced, with the probability being greater if she was younger. Thirty eight percent of the urban group and thirty six percent of the rural group whose first sexual encounter was at an age less than 15 years were forced.

6) Consequence of intimate partner violence on women's health

Poor general health was indicated by 19% of the urban women and 21% of the rural women who had experienced physical and sexual abuse, as opposed to 13% and 16% respectively of those in the study who never experienced any of these forms of violence. In both rural and urban areas induced abortions were twice as likely to be experienced by women who had ever been abused and ever pregnant. Also noted in both areas were thoughts of suicide occurring three times more among ever-abused women than among women who had never experienced abuse.

7) Women experiencing intimate partner physical abuse & their help-seeking behaviour

| People with whom women talked about their physical abuse | Dhaka | Matlab |
|---|---------------------------------|---------------|
| Never told anyone | Sixty six percent in both sites | |
| Parents | Eighteen percent in both sites | |
| Neighbours | 10% | 12% |

| Women who: | Dhaka | Matlab |
|--|--------------|---------------|
| Experienced physical violence and ever sought help | 5% | 7% |
| Asked local leaders for help | 2% | 6% |
| Asked police for help | 2% | 1% |

Local leaders followed by police were two of the types of people most commonly asked for help by physical abused women.

| Reasons why women didn't seek help for physical abuse | Dhaka | Matlab |
|--|--------------------------------------|---------------|
| Did not think the violence was very serious | Over half of the women in both sites | |
| Remained silent due to feelings of shame or fear of not being believed | 31% | 43% |

Findings from the BNWLA Study

The annual report of violence against women (2005) based on research conducted by BNWLA indicated the occurrence of some of the forms of violence discussed previously such as rape, dowry-related violence, acid-attack, murder, trafficking, and *fatwa* related violence (see table below). It was mentioned in the dissemination of this research that a considerable increase in *fatwa* related violence was found in the research (32 in 2004 versus 40 in 2005).

| Type of Violence | 2002 | 2003 | 2004 | 2005 |
|-------------------------|-------------|-------------|-------------|-------------|
| Rape | 776 | 1550 | 1072 | 928 |
| Dowry-Related violence | 271 | 124 | 371 | 385 |
| Acid - attack | 238 | 254 | 218 | 140 |
| Murder | 411 | 740 | 328 | 319 |
| Trafficking | 335 | 329 | 377 | 267 |
| Fatwa | 10 | 27 | 32 | 40 |
| Total | 2041 | 3024 | 2398 | 2079 |

Source: Resource Centre, Bangladesh National Women Lawyers Association

IV. NON GOVERNMENT ORGANIZATIONS, WOMEN'S ORGANIZATIONS AND THE GOVERNMENT: THE KEY ACTORS PLAYING A ROLE IN COMBATING VAW

Before taking a look at the existing interventions that address VAW in Bangladesh, here's an overview of some of the organisations that play a key role in addressing violence against women in the country. We will begin by looking at some of the women's and non-governmental organisations and then proceed on to some sections of the government that are involved with the issue. (The organizations have been arranged chronologically according to their year of establishment).

Bangladesh Mahila Parishad was set up in 1970 and has been very vocal on issues of gender-based violence. A law banning dowry was successfully passed by this organization in 1980 after its leaders continually fought for a range of women's issues in the early seventies. The criteria for becoming a member of these organizations are: Bangladeshi nationality, an age of 16 years and above and support of the ideology of the organization (Afsana et al., 2005).

Bangladesh National Women Lawyers Association (BNWLA) was formed by a group of lawyers in 1979, with a vision to safeguard the legal, social and economic rights of women and children by establishing the rule of law and upholding the status of women in society. Currently, its largest cell is the Legal Aid Cell, comprising more than fifty lawyers and thirty legal "clinics in the Dhaka area (BNWLA website).

Naripokkho was set up in 1983 and their primary focus is on resisting violence against women, empowerment of women, the essential health of women, and women's cultural rights. Their activities include research, discussion, meetings and interventions, community mobilization, and building and creating forums to monitor situation of violence in country. Since 1998, an activity unique to *Naripokkho* is the monitoring of state interventions as a means of addressing VAW. This was achieved by carrying out interventions in different phases and at different levels, as required, in police stations, hospitals and courts (UNIFEM, 2003).

Ain-O- Shalish Kendra (ASK), a legal aid and human rights organization established in 1986, provides free legal aid to the disenfranchised, including victims of violence. It implements its programmes in twelve upazilas of eleven districts. It operates five legal aid clinics within Dhaka. Specific locations of Dhaka Legal Aid Clinics are: Shah Ali Bagh, Mirpur, Johnson Road, Goran, and Kamrangichar. The number of Legal Aid Clinics functioning out of Dhaka (in the Dhaka and Rajshahi divisions) in collaboration with BRAC is 215 (Ain O Shalish Kendra, 2005).

Marie Stopes Clinic Society (MSCS), a Bangladeshi NGO affiliated with Marie Stopes International, UK, was established in 1988 in Chittagong and aims to improve reproductive health and well being of women and men through their 23 referral clinics. They also provide services to slum dwellers in their 44 mini clinics. Furthermore, Marie

Stopes have an outreach programme in 155 locations and are actively involved in advocacy in sexual and reproductive rights, health policies and strategies (Afsana et al., 2005).

Bangladesh Legal Aids Trust (BLAST) emerged as a legal system for the poor and the disadvantaged in May 1993 (Bangladesh Legal Aids & Services Trust 2003). Within less than a decade, BLAST emerged as the largest legal aid organization in Bangladesh with the widest geographical coverage amongst other existing legal aid and human rights NGOs, including alternative informal courts in 120 villages across the country (Afsana et al 2005). The main activities of BLAST include promotion of legal awareness among its beneficiaries, particularly the poor and the disadvantaged, providing need-based legal aid and mediation support to its clients, moving the High Court Division of the Supreme Court through public interest litigation for the unorganised and the powerless and pursuing legislative advocacy and law reform for the benefit of the poor. BLAST has a total of 241 core staff and 43 project staff (Bangladesh Legal Aids & Services Trust, 2003).

The Acid Survivors Foundation (ASF) was established in 2000 and provides treatment, rehabilitation, counselling and other support to help acid violence survivors return to their normal lives as much as is possible. Additionally, they also aim to prevent further acid violence in the country. Besides reducing and eliminating acid attacks, ASF is also engaged in: making certain that best medical treatment are available to survivors; offering legal support and advice to survivors and their families; and aiding in rehabilitation, education and training (UNIFEM, 2003).

Government Initiatives

In March 1997, the Government of Bangladesh (GoB) requested the Danish International Development Agency (DANIDA)'s assistance in combating VAW. As a result of that request the Multi-Sectoral Programme on Violence against Women (MSP-VAW) was initiated. Earlier, during August 1996, The Ministry of Women and Children Affairs (MWCA) called together an inter-ministerial working group which formed the basis of developing a preliminary project outline. Their object was to mobilize state machinery to deal more effectively with redress and prevention of VAW. The pilot phase of the programme was completed on 31st December 2003 and the first phase started on the 1st of January 2004 with the assistance of DANIDA. The overall objective of the programme is to prevent and redress violence against women. Their immediate objectives were to improve public services such as health, police assistance, criminal justice and social services (counselling, rehabilitation) that are utilised by women victims of violence and to increase public awareness on all forms of VAW. The overall policies and issues of women's advancement are overseen and implemented by various initiatives of the Bangladesh government such as The National Council for Women's Development (NCWD) headed by the Hon'ble Prime Minister, an inter-ministerial Committee for prevention of violence against women, headed by the Hon'ble Prime Minister, the Ministry of Women and Children Affairs, and Nari Nirjaton Protirodh (Prevention of VAW) Cell under MWCA. Additionally, the Bangladesh National Policy on Advancement of Women and the National Action Plan for Women's Advancement have both included in them a set of specific goals in order to adhere to the GoB's commitment to Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Beijing Platform for Action (PFA). Thus the MSP-VAW project is an important component of this series of steps taken up by the GoB to combat VAW. The comprehensive management structure of the project involves six ministries; where the

ministries are: Ministry of Health and Family Welfare, Ministry of Home Affairs, Ministry of Social Welfare, Ministry of Information and Ministry of Law, Justice and Parliamentary Affairs. The One-Stop Crisis Centre (OCC), DNA laboratory are the new approaches to combat VAW. The experiences and the lessons learned during the pilot-phase are incorporated in the first phase document. The first phase is the continuation of the pilot phase with necessary expansion, modification and extension. One of the most important lessons learned is the inter-ministerial cooperation; and also team approach is important to combat VAW (MSP-VAW booklet, 2004).

Two One-Stop Crises Centres, one in Dhaka Medical College Hospital and one in Rajshahi Medical College Hospital were established during the pilot phase of the MSP-VAW. Further expansion of OCCs in Barisal, Chittagong, Khulna, and Sylhet is almost in the final stage. These centres provide a place where abused and violated women and children can get all the services they need in one place (Ministry of Women and Child Affairs 2004). The OCCs provide medical treatment and care including assistance from the Dhaka Medical College Hospital Burn and Plastic Surgery Unit, legal counselling and support from the Bangladesh National Women Lawyers' Association (BNWLA), voluntary psychological counselling by Naripokkho, welfare services from the Department of Social Services and temporary accommodation for clients provided by the BNWLA Shelter Programme. Onsite police are available who can file cases and make charges (Ministry of Women and Child Affairs, 2004).

Existing Interventions

Interventions such as legal aid and awareness, mediation, shelter homes, counselling services, medical services, community mobilization, research & documentation, advocacy, and monitoring of state interventions such as police cells are carried out by many non-government organizations, especially women's and human rights groups. (For a summary of existing interventions in the Bangladesh, see Annex 6). Furthermore, several national networks of various women's groups exist which strive to combat VAW. The government also conducts several programmes to aid survivors of violence. Some of these interventions and networks are discussed below in greater detail (The interventions are arranged in the order of their organizations year of establishment):

Legal Aid, Legal Awareness, & Mediation Services

The Bangladesh Mahila Parishad (BMP) has links with law enforcing agencies and themselves provide legal support, legal counselling, and work together with legal, judicial and medical personnel to support survivors of violence. They also work to bring about legal reform by drafting alternative laws (UNIFEM, 2003).

BNWLA's main activities to combat VAW include paralegal training, legal aid and advocacy, legal education, and lobbying with government for legal reform. BNWLA also provides legal awareness training to government and non-government personnel, lawyers, and the police (BNWLA, 2000).

Ain o Shalish Kendra has a collaboration of legal aid clinics outside Dhaka with BRAC called the legal aid outreach clinic (OUT). OUT coordinates the Legal Aid programme, trains BRAC personnel as paralegals to run the legal aid clinics, and holds client workshops periodically to ensure that clients understand the progress of their cases,

the causes behind delays due to legal procedures or court requirements, etc. About 90% of their clients are women. ASK also has a Rapid Response & Mediation Unit (RRMU). By writing/phoning in protests, medical referrals for victims of abuse and violence, litigation, negotiations with the law enforcement agencies, etc, the RRMU is able to expedite the otherwise slow legal process. Mediation is widely used by the RRMU because its female clients find it to be a familiar and safe place to negotiate settlements and let their voices be heard. The formal judicial system in Bangladesh is time consuming, expensive, corrupt and biased against women, thus mediation is a more preferred and effective means of settling cases, especially for women. Out of the 1306 cases registered by RRMU in the year of 2005, 98% were either family dispute (51%) or related to violence (47%). It can be noted that a majority of the violence cases are violence against women, as in recent previous years documented by ASK. Litigation is a third means of settling dispute by ASK through its Litigation Unit (ASK, 2005).

The Bangladesh Legal Aids Trust (BLAST) address violence related cases within the criminal cases that they deal with. These criminal cases constitute the second largest group of cases (42%) that BLAST handles, with over 75% of these that relating to polygamy, dowry, violence against women and children, rape and some petty cases. Criminal cases are only preceded by family disputes (46%). Cases that are related to family law were found to be primarily related to realization of dower money and maintenance after divorce. The advocacy and Public Interest Litigation (PIL) unit of BLAST is currently running consultation meetings with relevant stakeholders (beneficiaries, NGO representatives, U P Chairpersons and members, lawyers, public prosecutors, police officers, civil surgeons, lower judiciary) with a view to identifying anomalies, loopholes, and challenges in the Family Law Ordinance and the Suppression of Violence against Women and Children Act and suggesting amendments to the Ministry of Law, Justice and Parliamentary Affairs for policy changes. By identifying these gaps, BLAST plans on undertaking concerted advocacy activities (UNIFEM, 2003).

Shelter Homes

Rokeya Sadhan is a shelter home run by Bangladesh Mahila Parishad beginning 1985, which provides shelter, medicare, legal aid, nutrition, education, skill development training, and job opportunities to more than thousands of distressed women. It was built as a part of their work on violence against women. It has only the capacity to provide 25 victims (from BMP booklet, n.d.).

Proshanti is a shelter home built by BNWLA in 1993. It was built in response to the need for a referral centre for a temporary period before survivors of violence are reintegrated into the mainstream of society. Hence, Proshanti -1 was made for girls and Proshanti-2 for boys. The shelter home restores the respect and dignity of the marginal community, creates a child friendly environment to ensure the normal mental and physical growth of the child in line with the provision of the Convention on the Rights of the Child (CRC). It also includes and involves survivors in all decision-making processes of the programme (planning, implementation and monitoring of activities). BNWLA is also engaged in long-term preventive actions to reduce the number of victims. It provides direct curative support by empowering the survivors at the individual, community and societal level. They rescue and release women and children who are wrongfully detained in safe custody, trafficked, forced into prostitution. They also provide legal aid, basic food & shelter, recreation facilities, medical and psychological care, repatriation of trafficked women, formal and non-formal schooling, capacity

building of survivors, staff, and partner organizations, vocational training and carry out cultural events for survivors of violence. In addition, they conduct advocacy, research and awareness to prevent future violent acts and are developing a resource centre to provide resources to combat child trafficking and prostitution where partner organizations also contribute (BNWLA brochure, n.d.).

Halfway Home (ASK) is a temporary shelter home run by ASK. (Personal interview with staff member, ASK). It is based in Dhaka. ASK does not disclose the exact address for security reasons. Clients from other districts can also stay here. Usually clients stay here for a maximum of 1 month. They do not carry a Shelter Home list like Naripokkho does. They feel that staying at just *any* shelter home does not necessarily help the client regain her autonomy. Thus they refer to shelter homes where they feel helps the client improve her situation. Shelter homes where ASK makes referrals to are *Nirmol* and *Shishu Polli Plus*. *Nirmol* is a Shelter home for clients who are between 11-20 years old. It also provides vocational and garments training and even placement in garments jobs. The training lasts two years. *Shishu Polli Plus* is a shelter that accommodates mothers and their children. The mothers are also able to work here and receive a salary. BNWLA provides temporary shelter for survivors of violence while they arrange for their rehabilitation or repatriation and help alleviate psychological trauma. They also provide emergency medical services for acid survivors as well as legal aid and regular follow up (Personal communication, staff member, ASK, August 2006).

Government Shelter Homes

Staff member of Naripokkho explained in a personal interview, “There are six government shelter homes in the six divisions of Bangladesh. But most of their partner organizations (NGOs) and government institutes such as the police are unaware of their existence. Naripokkho strives to build awareness of the presence of government shelters among the police and partner NGOs so that they know where to send victims of violence when they need refuge”. The staff member further elaborated that they even made a comprehensive list of all the shelter homes in the country so and gave it to the police and fixed it securely on the desks of police stations they monitor so that they can contact them when necessary. She also mentioned that each of the shelter homes have a different criteria for the type of people they will accommodate, for example children, vagrants, etc so sometimes it becomes difficult to find the appropriate home to place the violence victims.

Counselling Services

Bangladesh National Women Lawyers Association (BNWLA) has established a Mental Health Support Unit for helping survivors of violence. They have 5 psychological counselling service providers who work under the supervision of a professional clinical psychologist. The mental health support unit of BNWLA has 2 counselling rooms. Services provided include: assessment of the mental health condition of clients by using GHQ-28 & questioner (which prepared by Counselling service providers & supervisor on the basis of the survivor of BNWLA; provide psychological counselling (individual counselling, group counselling family counselling and counselling in community); refer to mental health institute, hospital and clinics; provide psycho education on relevant issues; arrange recreational trip; follow up after reintegration of the survivors at their family & workplace. A counsellor has been providing counselling services to 25 survivors (average) through individual and group session in a week. Under Mental Health Support Unit a total of 130 survivors have received psychological counselling in

a month by the member. BNWLA has been running a shelter home Proshanti for the survivors of violence since 1993 for providing them with a comprehensive rehabilitation service and social integration with a right-based approach. (BNWLA brochure, n.d.) (See section on Shelter homes for details).

Naripokkho has also started a counselling programme for women in collaboration with the clinical psychology department of the University of Dhaka, which offers free services five days a week.

In evaluating the status of a victim of violence, ASK realized the fact that to bring the victim to a survivor position, legal aid alone was not enough in terms of emotional rehabilitation. The victim remained emotionally scarred by her experience, often unable to reach an autonomous decision. Thus it now provides psychological services to survivors of violence. When ASK receives a client with feelings of hurt, confusion, anger or dependency on others, ASK strives to change him/her to someone who feels relieved, lighter, clearer and autonomous. Additionally, ASK invites other organizations to develop their staff by sending them to the counselling training programme developed by Bangladesh Institute of Management (BIM) and ASK (ASK, 2005). However, a staff member at Bangladesh Women's Health Coalition (BWHC), in a personal interview, commented, "The counselling training programme is offered in breaks of 10 days when an Indian expert comes in the country to conduct the training. The training continues again after a break of two months for a period of 10 days when the Indian expert is in the country again. Its not feasible for us to send our staff for such training with so many breaks in between, as they are usually involved in some project at our organization. For us, it would be more reasonable if the training went on for a continuous six-month period. Then our staff could take a six month leave and attend the training session."

Marie Stopes Clinic Society (MSCS) addresses Violence against Women (VAW) at the *community level* through their BCC workers who are responsible for identifying cases of violence in the community. They are given training to conducted limited supportive counselling for the victim, and if required refer her either to the centre for medical help or to a legal aid agency (BNWLA) if she wants to seek legal address. In most cases however, settlement of these cases through couple counselling and family counselling is attempted by the field teams. In some cases, the field team link up the victim to the local ward commissioner, who intervenes to settle disputes. MSCS has a new proposed project underway, where the above-mentioned services will continue, and be strengthened. Refresher training to all providers and field workers will be given so that they are better skilled to deal with such cases. The paramedics and the doctors will also be trained to use rape investigation kit and better handle cases of VAW and to manage injuries inflicted. First aid provision will be improved. One of the PHCCs will be selected where one Paramedic specially trained as VAW counsellor will be available on all working days to provide higher level counselling to victims. She will be a graduate in clinical psychology, and will be given 3 months diploma training on counselling, available from Ain-O-Shalish. All Ward Commissioners will also be given orientation on VAW so that they can better handle such cases in their community (Personal communication with MSCS staff, July 2006).

Acid Survivors Foundation, an organization whose primary focus is on survivors of acid violence, have a psychosocial unit (PSU) which offers counselling services to these survivors. Their counsellors may be divided into four tiers: peer counsellors, case

manager psychotherapist, and professional supervisor. The peer counsellors are actually survivors of acid attacks themselves (there are 2), and they provide basic counselling to patients and their families. Two case managers work this unit, identifying psychosocial needs of survivors and mobilizing resources to meet these needs. A psychotherapist is also part of this team who has a clinical psychology background and assesses psychological status of the patient admitted in ASF hospital to develop a plan for individual and coordinate psychological services accordingly. He/she also provides in-depth psychotherapy to the admitted patients. Finally a professional supervisor with a clinical psychology background oversees this unit, providing necessary support and on the job training to the ASF staff. The services of the PSU include basic emotional support, peer counselling (individual and group who are admitted to the ASF hospital, family counselling (who are accompanying survivors at the ASF hospital), psychotherapy, art therapy, music therapy, different recreational therapy, etc. They aim to meet the needs in a holistic manner by providing free medical legal and economic support as long and as far as it is needed. Additionally, they also build the capacity of the partners to ensure that the services are available at the local level. On average they deal with 5 clients a week by each peer counsellor. In the year 2005, about 318 clients received support. Among them, 123 were new patients. The overall impact of utilising an integrated approach in their counselling services resulted in a gradual change of the victim to a survivor in an activist position. ASF found that economic independence is crucial for gaining respect from the family, peers and community. Also, success in bringing perpetrators to a successful prosecution has a major impact on the survivors' psychological status. ASF found that their counselling services improved during the period of 2004-05 by employing a part-time supervisor with a clinical psychology background. This ensured good record keeping, technical skills, staff support (emotional, etc to prevent burnout) and guidelines & strategy for further development (Information from a MSP-VAW workshop on psychological services assessment in Bangladesh for VAW, 2006).

The *Multi-Sectoral Programme on Violence Against Women (MSP-VAW)* is an endeavour of the Ministry of Women and Children Affairs. (See MSP-VAW section) and funded by DANIDA. They conducted a situational analysis of psychological support service for violence against women for a period of six months from January through June 2006 across the nation. Their findings showed that although many counselling services exist for violence victims across the nation, several loopholes exist, such as lack of trained counsellors and virtual absence of supervisors. (See a summary of their findings of the quality of counselling services in the 6 divisions of Bangladesh in Annex 4). The MSP-VAW recommends that the counsellors that the OCCs should have an external supervisor who provides regular supervision, develops awareness, manages stress among counsellors, conducts research and training, identifies problems in counselling service (e.g., counsellor's skills, set-up issues, etc) and organizes continuous professional development programmes for the psychological service providers (Information from a MSP-VAW workshop on psychological services assessment in Bangladesh for VAW, 2006).

Medical Services

Marie Stopes Clinic Society (MSCS) provides services to violence survivors at the *clinic level* (Primary Health Care Centre – PHCC- level). Here, the counsellor screens and detects cases of VAW, conducts preliminary counselling and refers cases to the doctor as appropriate. The doctor ensures appropriate treatment as required. Rape

investigation kits are not in use until currently. Once the kits are available, doctors will be able to perform medical examination of rape victims. A programme manager at MSCS, explained in a personal interview, when asked about the medical services provided by their clinics to violence victims: “You see, the doctors at Marie Stopes never inquire if the patient is a victim of violence. They simply provide the treatment. They are afraid that if their patient has been physically/sexually violated, they may ask the doctor to appear in court as a witness and they don’t want to go through that hassle. Often, if the doctor feels that their patient may be a victim of violence, they may refer her to another doctor.” Naripokkho also noted that doctors tried to evade medical examinations for a variety of reasons, including the difficulty of convincing victims to cooperate during the procedure, which admittedly is highly traumatic for them. Moreover, examining doctors have to be present in court several times to testify. After Naripokkho began its counselling making victims aware of the importance of such examination, the rate of no-consent fell significantly (UNIFEM, 2003).

ASF assures quality medical services is provided to acid survivors by providing *free* medical support and have a 35-bed nursing and rehabilitation centre for women and children as well as a 15-bed hospital fully equipped with an operating theatre for reconstructive surgery. In addition, they bring in surgeons from overseas to operate on survivors and train local surgeons. Also, they have a training programme for local nurses to give first-class burns care and a rehabilitation programme to support survivors and help them find jobs and give them vocational training. Furthermore, they provide financial assistance to survivors, help them reintegrate with their communities and provide legal aid and support (UNIFEM, 2003). In a recent conversation with a volunteer at ASF, it was mentioned that the medical unit is to be moved into the administrative building within a few weeks (as of late August 2006), as the lease is over and the owners wish to convert the building into an apartment complex, as it is located in a posh suburban area, and will be financially more beneficial to the owners. This raises questions to the effectiveness of the medical unit upon its cramming into the administrative building premises.

Mobilizing Women & Communities

Bangladesh Mahila Parishad utilizes campaigns and advocacy as a means to bring about positive changes in patriarchal attitudes towards women. They work towards reform of law, especially the Uniform Family Code as well as anti-dowry and suppression of violence against women laws. They seek to politically empower women and uphold the government’s pledge to CEDAW and other international conventions. Child-marriage, polygamy, forced prostitution and religious fundamentalisms are some of the issues that BMP campaigns against (UNIFEM, 2003).

The *Bangladesh National Women Lawyers Association (BNWLA)* has been mobilizing the community at the grassroots level by means of several *vigilance teams* throughout the country. Each team comprises 3 female Union Parishad (UP) members, 1 male UP member, 4 community leaders (Kazi/Imam/ School teacher/Village doctor), 1 NGO representative, 1 local lawyer, 1 UP Health Assistant, and 2 local journalists. The vigilance team is primarily engaged in identifying the incidence of domestic violence, protesting the violation at the local level, liaison with local administration, ensuring proper/exact reporting of domestic violence and violence against women, raising voices against “domestic violence”, cooperating programme assistant and project lawyers in organizing rally/submitting memorandum to local administration and liaison with

“Union committee to combat VAW”. BNWLA also create awareness through its training programmes in downtown “clinics” educating the local people in Muslim family law, women and children’s rights, constitutional law, birth registration, and voting rights. Local organizations are partners of BNWLA in these training programmes. In September 2004, they set up *Shabhash Nari* - a group of staff including victims and others (females who work for other organization) who will work all over Bangladesh, following a model set up in West Bengal. This team will work with health protection for women, observing women’s situation in areas, taking responsibility of a particular village – from treatment, to legal support etc. (BNWLA booklet, 2006)

Ain o Shalish Kendra lobbies with state authorities to ensure that proper and timely action takes place for violence victims. It also generates public awareness and opinion on cases of VAW.

Acid Survivors Foundation supports its community by providing services such as a Bangladeshi physiotherapist who treats burn injuries, and has been trained by a visiting German physiotherapist. They have a notification system to track acid attacks anywhere in Bangladesh within 24 hours with the help of BRAC, UNICEF, and other human rights organizations. They have developed a referral system to bring survivors to the capital city for treatment and own its own ambulance in addition to having access to an air-ambulance. Recruiting new staff and thereby increasing the total number of staff from 2 to 45 of which 40 are women, has strengthened their support capacity (UNIFEM, 2003).

Research and Documentation

BNWLA publishes an annual report on Violence against Women in Bangladesh and disseminates the findings of this report to government and non-government organizations in a meeting covered by many major TV stations of the country as a news item. Also, its research cell publishes books and leaflets on specific laws on women’s legal rights. To combat trafficking, ten focal sites have been set up by BNWLA within ten districts with staff collecting background information on a regular basis, relating to all cases involving trafficking or missing persons (UNIFEM, 2003).

The Centre for Women’s and Children’s Studies (CWCS) conducts research and disseminates reports on legal rights in order to raise awareness and provide information on the issue. Reports, newsletters, and news clippings on VAW are collected in its resource centre (UNIFEM, 2003, p.148).

The Bangladesh Unnayan Parishad (BUP) has analysed the *Anti-Dowry Acts* and the *Nari O Shishu Nirjaton Doman Ain 2001* and conducts research on other laws related to VAW. Its other research work includes in-depth studies of the causes, sources, roots, and socio-psychological impact of trafficking in women as well as people’s notions of the law. Report writing for raising awareness is also another activity of BUP (UNIFEM, 2003, p.148).

The ASF has recorded the details of all acid attacks in Bangladesh in the form of a database. BMP brings out publications such as a quarterly Bangla magazine, leaflets, posters and booklets. It also carries out research on gender issues and has training programmes in women’s leadership. The ASK compiles media-reported incidences of VAW and disseminates this information to the public. It also has been publishing an

Annual Human Rights Report in Bangladesh since 1998. ASK identifies underlying assumptions on laws on VAW through analytical research and then creates awareness of these assumptions among police and the court, and others service providers of victims of violence. Furthermore, it conducts research, has a documentation centre and many publications. It also conducts training and awareness building and produces its own posters, leaflets and short videos and other awareness building tools (UNIFEM, 2003, p148).

Advocacy

BNWLA has a new project to combat acid violence titled “An Extended Hand to the Acid Burn Survivors” which arranges emergency medical services for the traumatized acid victims and also take legal action against the culprits. The advocacy programme has been extended through public campaign and training, so that the vulnerable group could be aware of their rights and responsibilities (BNWLA, booklet, 2006)

The *BUP* lobbies and advocates for legal reform based on people’s needs and wants. By disseminating information and holding dialogues with policy makers and media on laws, BUP is able to create public opinion. Future plans of BUP include the making of a short film on trafficking of women. It intends to distribute this film to NGOs working on awareness building and with victims of VAW (UNIFEM, 2003, p.150).

The *ASF* carries out several activities to campaign against acid violence for example, creating support groups such as *Friends of Acid Survivors*, Start Against Acid Throwers and Students Against Acid Violence. These support groups not only help raise awareness on acid violence but are also a source of income generation. Another source of funding is the Bangladesh Acid Survivors Trust, a charity created by ASF in the U.K. To involve men in their campaign, a ‘men only demonstration against acid violence’ was organized by ASF on International Women’s Day. ASF are also involved in work with the government so that the survivors may receive justice (UNIFEM 2003, p.150).

Awareness Building

Naripokkho conducts awareness building as one of its major activities, especially among state agencies. Leaflets, posters, simple information on laws and on state and non-state services are produced and disseminated by *Naripokkho*. Small index cards with information on where to get what services are produced and widely distributed by them (UNIFEM, 2003, p.150).

ASK promotes its strategies by conducting courses and workshops through a *training unit*. The objective of these courses is to increase the participants’ awareness of issues concerning violence against women as well as human rights family law, gender equality, collective responsibility and activism, mediation and advocacy techniques. The training unit conducted 234 courses in 2005. The courses were offered to 6,543 participants, both in Dhaka and in other districts where *ASK* programmes are present. Around 65.4% of these participants were women in order to increase empowerment of women in the country, one of the objectives of *ASK*. A module on “Child Rights, VAW laws relating to sex workers was reviewed for Concern Bangladesh by *ASK*. Posters which emphasized on issues relating to gender violence and inequality, child rights, the judicial system, and marriage law inheritance were made. Two leaflets on Shalish and Muslim Inheritance laws were reviewed and reprinted. *ASK* also maintains a *The*

Popular Theatre Unit which mobilises youth in the community by involving them in issue based plays twice a month. The plays, which are acted out by community members, try to leave the ending open-ended, thereby encouraging the audience to discuss possible solutions with the help of a facilitator. Issues such as gender equity, violence against women, minority issues and child rights are discussed in these plays (ASK, 2005).

Monitoring Police Cells and Other State Interventions

A successful initiative since 2000-2001 of Naripokkho is the monitoring of the Inspector General's office (Police Headquarters) in Dhaka. Naripokkho conversed with police officials to begin a system of regular reporting of VAW incidents and follow-up action by all 460 police stations in the country. This was part of their activity of collecting information regularly on acid victims and on follow-up activities at Police Headquarters. This proves working within existing systems and structures are an effective way to improve existing interventions. A Project Manager at Naripokkho of the Monitoring State Interventions to Combat VAW, in a personal interview, shared her experience that since Naripokkho has been monitoring police cells they have noted a change in the attitude of the police – now whenever they encounter a victim of violence they call Naripokkho for advice, even though sometimes the inquiry may not be directly related to their work. Naripokkho work with 28 police stations in the Dhaka metropolitan area, two medical colleges and the Dhaka Repression of VAW Court where they find loopholes in the system and present them to relevant agencies to take necessary actions. They not only discussed their findings with divisional authorities in all six divisions, but also presented them to public prosecutors. As a result, authorities gave explanations and performed a self- review. Ultimately, the existing resource structure experienced dialogues for change. Authorities agreed to make positive changes because instead of being criticized publicly, Naripokkho discussed their weaknesses. Another example of Naripokkho's work proved effective in improving the quality of service provided by the State: Hospital forensic departments would often delay their posting of reports to police stations; Naripokkho overcame this challenge by supplying postage stamps to expedite the process. Hospitals eventually began to appreciate the benefits of quick reporting in order to follow up cases with the police and thus mobilized their own funds to buy postage stamps (UNIFEM 2003, p.151).

National Networks

Several Networks in Bangladesh were found in this review which strives to combat violence against women. They have been listed alphabetically below:

Action Against Trafficking and Sexual Exploitation of Children (ATSEC, Bangladesh Chapter) comprising of 12 NGOs as members, 1 international organization and the British Council, combats women and children's trafficking and sexual abuse by building the capacity of NGOs and government departments. It also involved in awareness building of trafficking within the community. Individuals, government and non-government organizations and agencies that work on trafficking and sexual exploitation of children in Bangladesh, India and Nepal are assisted in building contacts and a network among themselves by ATSEC. In order to prevent trafficking and sexual abuse, ATSEC conducts advocacy, social mobilization, research, technical assistance, and programme support at the grassroots, sub-national, national and regional levels (UNIFEM, 2003, p.149).

Action Network to Combat Violence Against Women (ANCVAW), is a coalition of 14 NGOs of Bangladesh committed to work together at community, district, and national levels for recognition of domestic violence as a public and human rights issue and promote the criminalization of domestic violence against women (personal communication, Naripokkho staff member, July 2006).

Beijing Plus for Women's Rights, which comprises of a coalition of women's organizations to bring into action the Beijing PFA. The National Policy for the Advancement of Women was adopted by the government in consultation with the above-mentioned network as well as others women groups (personal communication, Naripokkho staff member, July 2006).

DURBAR, an ongoing project of Naripokkho coordinates a countrywide network of women's NGOs working on VAW. It provides capacity-building support through trainings and supplying information to network partners. District level networks have elected executive bodies which hold monthly meetings, and work with government departments and the DC's office in the district (UNIFEM, 2003, p.150).

Samajik Protirodh Committee is yet another women's group network which resists VAW. Its members represent both state and non-state groups and their activities include campaigning for democratic participation of women in public decision-making as well as resisting forces of fundamentalism and communalism. Bangladesh Mahila Parishad (BMP) is the secretariat for this watch (personal communication, Naripokkho staff member, July 2006).

Traffic Watch Bangladesh (TWB) a network of 36 grassroots and national NGOs was formed by CWCS in 1997. With an aim to combat trafficking, it organized fifteen two-day campaign workshops with local network members. It also carried out one-day dialogues with police officials at the district and national levels as well as local dialogues with journalists. Booklets, flyers, posters and leaflets on trafficking were developed to make up Advocacy Campaign Kits and Women and Child Rights Kits (UNIFEM, 2003, p.150).

Government Initiatives

The Development of the Multi-Sectoral Programme on Violence Against Women

"The Constitution of Bangladesh guarantees equal rights for men and women", states Senior Advisor, Danida, Multi-Sectoral Programme on Violence Against Women (MSP-VAW). She explains, "At the Fourth World Conference on Women, Beijing 1995, the Bangladesh Government endorsed a worldwide declaration for the elimination of VAW. That declaration was based on the United Nations (UN) definition of VAW. The signing of that declaration became the catalyst that brought the issue of VAW to the attention of the Government. Consequently, the Multi-Sectoral Programme on Violence Against Women (MSP-VAW) was developed." (For detailed information on MSP-VAW, see section on key actors combating VAW). The Ministry of Women and Children's Affairs implements the project through a Project Implementation Unit (PIU) by overseeing the following: Advocacy, forensic Laboratory Service with DNA Profiling, support service (psychological, legal, and shelter service/rehabilitation. It also oversees all the divisional medical hospitals, particularly the One Stop Crisis Centre including all the personnel involved such as doctors, nurses, police, social service officers, advocates, and psychological counsellor. In addition the PIU oversees other wards which attend VAW

victims such as the emergency, casualty, burn, gynaecology, orthopaedic, radiology, forensic and other units (Ministry of Women and Child Affairs, 2004).

One Stop Crisis Centre (OCC)

In order to conduct public campaigning of OCC, Secretary, Ministry of Women and Children Affairs, stated that the Ministry of Women and Children Affairs has produced and distributed flyers to 64 districts informing about the OCC services. A script for Street Theatre and a cassette with songs containing relevant messages about violence have also been prepared for use and distribution. Other ways public awareness was created were by creating a logo of the OCC, writing songs, and producing & distributing stickers, slogans, posters and leaflets describing OCC services. The OCC has collected data since the arrival of the very first client. The Data Base System is very comprehensive and the monitor system is ongoing assessed and revised according to needs. A medical officer of OCC, says, "Our goal, as it is in Malaysia, is that perpetrators of violence against women and children should be brought to trial and punished, when convicted, within three months of a charge being laid. I believe that we can achieve this goal by continuing to build a strong network and commitment among all service providers." This is crucial in increasing the number of successful cases, as delays in trial and punishment seem to be a huge reason why some perpetrators go unpunished. Naripokkho played an important role in a recent progressive initiative by the government, the Multi sectoral Programme on Violence Against Women, 2001. In a pilot phase, four ministries (home, health, social welfare, information) worked with the Ministry of Women's and Children's Affairs in setting up a One Stop Crisis Centre (OCC), a four-bed unit in Dhaka Medical College Hospital for women victims of violence (another in Rajshahi Medical College will be set up soon), to provide improved services to victims. One of Nari Pokkho's strategies is to work with state agencies for the prevention of VAW and provide support to victims. They have learnt through experience that government agencies improve services and innovate if an outside organization identifies ways to facilitate the process. The lesson in this is that if one is patient and willing to help, one will find entry points to influence and modify the agencies' service-providing activities. In the Multi-sectoral Programme for VAW, Naripokkho played a vital catalyzing and facilitating role, a replicable good process and practice (Ministry of Women and Child Affairs, 2004).

DNA Lab

The Dhaka Medical College Hospital houses the nation's first DNA profiling laboratory. Established under the MSP-VAW, the DNA lab aims to eliminate innocent suspects in a rapid and absolute manner, identify offenders rapidly and with a very high degree of certainty, produce reliable evidence for presentation in court, to ensure justice is served, to increase the confidence of the public in the criminal justice system, to deter the crimes committed by potential offenders, and to provide a more cost-effective way of investigation methods. During the first phase of the MSP-VAW, five divisional screening labs in the remaining five Divisional Medical College Hospitals under the supervision of Forensic Departments will be set up so that survivors across the country may have access to the DNA lab services (Ministry of Women and Child Affairs, 2004).

The One Stop Crisis Centres are a ray of light in the gloomy state of Bangladeshi government hospitals, especially in terms of services available for victims of violence. Although women, who have been raped, burned, and physically violated have the availability of being examined in the medical college hospitals and district hospital and

thana health complexes, they do not usually receive counselling or first aid services. Also contrary to the OCCs, these hospitals do not document or record cases of violence against women properly. Providing physical treatment and issuing medical certificates seem to be the only responsibilities of government medical personnel. Also, physicians are, more often not, trained to differentiate between an injury as a result of an accident and one as a result of violence, and also to distinguish between injuries caused by consensual or forced sex. Moreover, women victims of violence are limited to the emergency ward and the outpatient departments as points of entry to these medical college hospitals. In addition to overcoming the above mentioned problems, the OCCs set up in the remaining 5 districts other than the capital will aid in alleviating the problems of transportation from remote areas, financial costs of travelling, and social restrictions for poor women who face *pardah* (Afsana et al., 2005).

Nari Nirjaton Protirodh Cell

The Nari Nirjaton Protirodh Cell, located within the police headquarters, is a means of monitoring VAW at the national level by the Department of Women and Children's Affairs under the Ministry of Women and Children's Affairs. Headed by a joint secretary, the cells offers legal aid to victims of violence and collects information on violence from the newspapers and reports them to the Deputy Commissioners, so that legal action may be taken. Victims of violence may also approach the cell directly for assistance. The cell on behalf of the survivor claims dower and maintenance. Government employees who commit any violence related crimes are dealt with by the cell with initiation of necessary administrative steps (Afsana et al., 2005).

Women Friendly Hospital Initiative

Violence against women is recognized as a public health issue in the project implementation plan of the Health and Population Sector Programme, and consequently the Government and UNICEF have developed a Woman Friendly Hospital Initiative to address this strategy. Health professionals, lawyers, magistrates and judges, civil society organizations media professionals, people representatives, health and public sector administrators, and development partners all participated in the development of the WFHI. Violence against women was to be addressed in health facilities (some district level hospitals) by WFHI by training four personnel and orienting all the workers in the unit about violence against women. Furthermore, privacy of the violence survivors was to be maintained and cases properly documented. However, the Family Planning professional body has not accepted the attempt of the government in joining Health and Family Planning as one unit to modify the HPSP and the activities also did not get implemented. People who were involved in the development of the course and who offered training were however highly sensitized in the issue. In 2001, the WFHI was proposed to be re-initiated in hospital facilities at the national level, by the new Strategy addressing Health Nutrition and Family Planning under the leadership of a new government. In order to carry this out, the training curriculum is being revised via a series of workshops (Afsana et al., 2005).

V. GAPS/LIMITATIONS IN VAW INTERVENTIONS

Combating violence in Bangladesh is deterred by several factors. These barriers are discussed below and are divided into five main categories: gaps in the political environment and the government, gaps in the legal system, gaps in the social structure, gaps in health services, and gaps in research.

Gaps in the Political Environment and the Government

Political parties often have allegiances with local hoodlums who cause violence at the political level and are not held accountable because of their connections with influential political leaders. These hoodlums inflict violence against women and are a major deterrent in the general law and order situation in the country. Furthermore, political parties' commitment to address VAW is virtually absent. In fact, politicized government tends to downplay violence and protect miscreants. Law enforcing agencies such as the police do not cooperate with anti-violence cells at the district and thana levels, according to these cells. As a result, defendants do not give importance to notices at these cells and do not appear at court hearings. Moreover, the military-civil bureaucracy in Bangladesh is severely lacking in women representatives, and women are not represented in the armed forces and police. Women are also lacking in higher authoritative positions in the civil and police administration. Women's complainants are registered to male officers at the police stations. Because the government refuses to bring rape cases by the police and in police custody in public hearing, these cases have been increasing in the past few years. Also, proper investigations are not carried out at the police stations and the officers are often corrupt. As a result, complaints registered in police stations often do not amount to anything as police do not register the case properly or detain the miscreant. At the village level, police often protect powerful and influential leaders in exchange for bribes. Lack of coordination in the government also allows trafficking of women and girls across the border to remain unchecked (United Nations, 2000).

Gaps in the Legal System

Laws on rape, abduction and wrongful confinement were passed during an era when male supremacy and female subordination prevailed. That is, these laws were primarily paternalistic and hence the purposes of these laws were to protect a man's private property – his wives and daughters. Thus judicial systems tend to give men the benefit of the doubt and often do not support women. For example, prostitutes soliciting customers are punished but their customers are not. Also, trafficked women are caught on the other side of the border and sent to prison while their agents remain free on this side of the border. Complicated and lengthy court proceedings often stand as a barrier for women to avail justice. Requirements to produce detailed evidence are not met due to the sensitivity of the matter, such as evidence of rape cases. Defense lawyers often pass negative comments on the victim's character and are validated by the court (United Nations, 2000).

Gaps in the Social Structure

Women victims of violence such a raped or abducted woman or a battered wife instead of being sympathized are viewed as a disgrace to the family and acquire a social stigma. Ironically, the male miscreant escapes such loss of reputation and stigma. In a society where such double standards exist, violence against women is further perpetuated. Restricted mobility and *purdah* prevent a woman from seeking justice at the court on her own and must often take the help of male kin. As this is not always possible, women are not always able to pursue court proceedings successfully. Victims of dowry, conjugal cruelty, and trafficking are often economically dependent on other kin. If such kin do not come to their aid in providing for legal expenses, they remain unable to access the legal system (United Nations, 2000).

Gaps in Health Services

Psychological Services

The MSP-VAW programme found that the growth of psychological services in Bangladesh was hindered by several factors, with levels going from individual to social to professional. At the individual level, barriers were lack of awareness, males' learned behaviour in society, a psychological resistance to share about violence, male/adaptive/faculty coping strategies reinforcing the whole thing. At the social level, barriers were social norms, values and attitudes towards women and VAW, ignorance to mental aspects, perceiving psychological support is only for affluent, economical conditions, and lack of education. At the professional level, hindrances were lack of professional psychological service providers, lack of understanding about mental health even in the health professionals, the minimizing of the need for psychological support, lack of co-operation/coordination in between professionals/organizations, lack of understanding professional psychological counselling profession, lack of shelter and rehabilitation supports, lack of referrals, and a perception that anyone can provide professional counselling support.

Gaps in Research

The primary source of information on violence in Bangladesh is presently newspapers. This information is somewhat vague and cannot be evaluated in the same level and is not as enriching as in-depth and extensive studies carried out in field experiences. Moreover, dissemination of information among the rural poor remains inadequate, as most organizations which conduct research on violence are urban based. Only the urban elite appear to engage in dialogue and discussion of violence and the rural poor remain marginalized from the information system. Additionally, as violence remains a neglected issue in research, there is often not enough evidence generated to prove that it is a topic worth researching. This and the fact that it is often underreported, contributes to the factor that violence continues to be under researched (United Nations, 2000).

VI. CONCLUSION

There are many laws in Bangladesh which seek to punish perpetrators of violence against women in Bangladesh and several non-governmental organizations, women's organizations and the MSP-VAW programme of the Bangladesh government which carry out interventions to address the issue. But, factors such as social stigma towards female victims of abduction, rape and spousal violence, the perpetrator(s) being more powerful in society than the victim, corrupt police officials, lack of women in higher authoritative positions in civil and police administration, lengthy and complicated court cases, lack of in depth studies of VAW, dialogue of violence being limited among the urban elite, lack of VAW information dissemination among the rural poor, and lack of quality mental health services for VAW victims stand as barriers to successfully redressing violence against women in Bangladesh. The review calls for interventions which involve sensitization of the general population on violence against women, transparency in police administration, expedited court cases, quality management of psychological counsellors, and more in depth research on VAW issues.

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Annex 1: Existing Laws pertaining to combat VAW in Bangladesh

Many laws exist to punish the perpetrators of violence against women, however, lack of awareness at the grassroots level, lack of implementation of these laws, as well as the perpetrators usually being more powerful in society prevent these laws from being effectively executed and the victim of violence from availing justice. Some of the laws are summarized below:

1) Anti-Dowry Prohibition Act 1980

The Dowry Prohibition Act of 1980 (Act No. XXXV of 1980), later amended by the Dowry Prohibition (Amendment) Ordinance, 1982 (Ordinance No. XLIV of 1982). This act had been enacted to prohibit the taking or giving of dowry in marriage. If any person after the commencement of this act gives or takes dowry, his punishment will be five year's imprisonment or not less than one year or will be fined. Bangladesh Mahila Parishad, set up in 1970, helped make the passing of this law successful.

2) Cruelty to Women Law 1983

The Cruelty to Women (Deterrent Punishment) Ordinance 1983. This ordinance is a special law providing for deterrent punishment to the offences of cruelty to women. This ordinance includes offences like kidnapping, trafficking, dowry death and torture, rape, etc. The offences under this ordinance shall be tried by criminal courts. All provisions under this ordinance shall have effect over other general laws.

3) Women Repression Act 1995 (Nari O Shishu Nirjaton Domon Ain 2000)

Prevention of Repression of Women and Children Act 2000 replaced the Repression of Women and Children (Special Enactment) Act 1995. The Act defines, court, rape, dowry, women, children, Code of Criminal Procedure, 1898, High Court Division and importance of such laws. This law also describes punishment of various offences. It provides for Special Courts for the cases coming under the Act. The offences are considered to be non-bailable (with certain exceptions). There is a time limit set for the investigation and the completion of the case (although in most cases it is not respected). The 2000 Act compared to the 1995 Special Enactment has included three new forms of violence to be considered as offences: sexual harassment, media coverage of the victim and filing of false cases under the Act. It also stipulates that the maintenance for a child born out of rape has to be provided by the rapist

4) Suppression of Immoral traffic act 1933

This Act lays down that any person who detains any female under the age of eighteen years in any house or room or place where prostitution is carried out will be punished.

5) The Jail Code

The Jail Code of 1923 is not a single volume but a collection of laws and regulations controlling the jail system in Bangladesh. This Code was, as the date shows, introduced by the British colonists in the Indian sub-continent. The Jail Code mirrors the security and protective measures provided for female inmates.

Female warders are required to supervise women prisoners, who are segregated from their male counterparts by separate cellblocks. There are provisions for “Class A” female prisoners to act as warders, but only if they have served more than half of their sentence. Even if there is only one female prisoner in the whole jail, there must be a female warder for her. Children under six years of age are allowed to stay with their mothers behind bars, and the Code also provides for separate hospital facilities for female inmates.

There are also provisions in the Code which allow a female inmate to obtain a specific quota of oil for her hair and to ask for a female friend to stay with her if she is the only female prisoner in the jail.

In reality, however, there is serious lack of hygiene in the jails and female prisoners with children suffer greatly from lack of proper nutrition. Female jail authorities and doctors are scarce and there have been cases of women prisoners raped by their male jailers, even during the act of taking them to the prison hospital.

6) Acid Violence Repression Act 2002

A new provision was added to the Penal Code to prevent acid attacks. Through the promulgation of an (Amendment) Ordinance, a new Section, 326A in the Penal Code, provides for capital punishment in acid-throwing cases. Thus the wilful disfiguring of women by this means has been made punishable by death in the Penal Code.

7) The Penal Code

The Penal Code lists kidnapping, wrongful confinement, trafficking, slavery, assault, battery, causing miscarriage, rape, acid-throwing and forced labour as crimes committed specifically against women. It prescribes stringent punishment for kidnapping, abduction, and rape, extending to transportation for life and death sentence. The abduction of a girl under the age of ten in order to subject to lustful activity may be punishable by death. The purchase, sale, hire and disposal of girls under the of 18 for the purpose of prostitution are also punishable, and sexually abusing a girl, even with her consent is considered rape, if she is under 14. Is such abuse is committed by her husband it will be considered rape if she under the age of 13. The maximum penalty for rape is imprisonment for life, and if death is caused through rape, a death sentence may also be imposed. In all cases of rape, however, the evidence of the prosecution must be corroborated; this means that an independent witness must testify to the truth of the allegation. In most case this is unavailable, and there are many cases where victims of rape have not been cross-examined by the magistrate, or where doctors have failed to examine the victim thoroughly.

The flinging of acid on the bodies and faces of women became such a common means of revenge by rejected suitors in the 1980s, that a new provision was added to the Penal Code to prevent such violence. Through the promulgation of an (Amendment) Ordinance, a new Section, 326 A in the Penal Code provides for capital punishment in acid-throwing cases. Thus the willful disfiguring of women by this means has been made punishable with death in the Penal Code. However, this provision has not prevented the crime from taking place substantial numbers are reported, especially from small towns in the different districts of Bangladesh.

8) Legal Aid Act 2000

The Legal Aid Act 2000 has been enacted to provide free legal aid to citizens by the State. Under this Act a National Legal Aid Unit has been set up, operating from Dhaka.

Each district has its branch office and there are committees at *upazila* and union *parishads*, local government bodies.

However, given that the applicant has to undergo a very complex and rather bureaucratic procedure to access the legal aid fund from the government’s legal aid scheme, most of the fund allocated for the scheme has remained unused. Also, the Act has received little publicity and its existence and potential are little known to most people, especially those who might benefit most from it. The Gender and Justice Unit of ASK is the main committee member of this fund. Nina Goswami, Advocate at ASK states, “Yes, it continues to be a challenge to gain access to this fund. Moreover, the government fails to realize that the fund should not only be utilised when the client is going to court and needs to hire a lawyer. The legal process begins much earlier on right after the client has become a victim of violence and the Legal Aid Fund should also cover the costs of these legal expenses.”

10) The Family Court Ordinance, 1985

The purpose of this ordinance is to provide for the establishment of Family Courts at the district and thana level. It extends to the whole of Bangladesh except the districts of Rangamati Hill Tract, Bandarban Hill Tract and Khagrachari Hill Tract. The Family Court shall have exclusive jurisdiction to entertain, try and dispose of any suit relating to, or arising out of, all or any of the following matters, namely;

- i) dissolution of marriage
- ii) restitution of conjugal rights
- iii) dower
- iv) maintenance
- v) guardianship and custody of children.

11) The Muslim Family Laws Ordinance 1961 (Amended up to Date)

This ordinance extends to the whole of Bangladesh and applies to all Muslim citizens of Bangladesh wherever they may be. This ordinance describes terms like “ Arbitration Council”, “Chairman”, Municipal Corporation Paurashava, Union Parishad, Polygamy, Succession, Divorce in Islam, Modes of Talaq, Dissolution of Marriage otherwise than by Talaq, Maintenance and Dower, “ The provisions of this ordinance shall have the effect notwithstanding any law, customs and usage.” This ordinance restrains indiscriminate divorce and polygamy.

Annex 2: The role of the Ministries of GoB in the MSP-VAW

| Ministry | Implement Mechanism |
|--|--|
| Ministry of Women and Children Affairs | <ul style="list-style-type: none"> - Act as the lead ministry - Overall coordination - Implementation of the project |
| Ministry of Health and Family Welfare | <ul style="list-style-type: none"> - OCC – Space in Medical College Hospitals - Related facilities and support in OCCs - Personnel (Doctor and Nurse in OCCs) |

| | |
|---|--|
| Ministry of Law, Justice, and Parliamentary Affairs | <ul style="list-style-type: none"> - Review and amendment of law if needed - Ensure the participation of relevant worker in the training programme - Ensure the use of DNA Profiling result as evidence in the legal and judicial system - Improve women's access to the criminal justice system |
| Ministry of Home Affairs | <ul style="list-style-type: none"> - Personnel (Police Officers in OCCs) |
| Ministry of Information | <ul style="list-style-type: none"> - Cooperation in preparing PAC material - Distribution and dissemination of PAC material |
| Ministry of Social Welfare | <ul style="list-style-type: none"> - Personnel (Social Service Officer in OCC) - Counselling in OCCs |

Annex 3: Counselling services across Bangladesh and their quality of service

| | Number of organizations assessed | Number of organizations reported VAW as area of work | Number of organizations claimed having counselling service | Quality Psychological Counselling Found | Individual Supervisor Available |
|---------------------|----------------------------------|--|--|---|---------------------------------|
| Dhaka Division | 56 | 37 | 34 | 6 | 3 |
| Rajshahi Division | 18 | 14 | 8 | 0 | 0 |
| Chittagong Division | 17 | 9 | 3 | 0 | 0 |
| Sylhet Division | 10 | 9 | 3 | 0 | 0 |
| Barisal Division | 11 | 10 | 4 | 0 | 0 |
| Khulna Division | 15 | 13 | 7 | 0 | 0 |
| Total | 126 | 92 | 63 | 6 | 3 |

Source: MSP-VAW booklet

Annex 4: Questionnaire used to interview staff in NGOs working with VAW

Questionnaire for Violence Against Women in Bangladesh

1. What year did your organization come into being? When did you first begin work on violence against women in Bangladesh?

2. What types of interventions are currently being carried out by your organization?

3. Which parts of Bangladesh is your work being carried out at?

4. How many field staff are working at your organization? (Or doing VAW work??)

5. How many shelter homes do you currently provide?

6. Who are your partners?

7. What services do these partners provide?

8. What are your sources for funding?

Annex 5: Interventions in Bangladesh to combat VAW

| Organization | Activities to redress violence against women in Bangladesh |
|---|---|
| Bangladesh Legal Aids and Services Trust (BLAST) | <ul style="list-style-type: none"> - Widest geographical coverage amongst other existing legal aid and human rights NGOs - Alternative informal courts in 120 villages across the country - Promotion of legal awareness among its beneficiaries (particularly poor and disadvantaged) - Advocacy and PIL unit is currently running consultation meetings with relevant stakeholders to identify anomalies, loopholes, and challenges in the Family Law Ordinance and the Suppression of Violence against Women and Children Act and suggesting amendments to the Ministry of Law, Justice and Parliamentary Affairs for policy changes |
| Ain-O-Shalish Kendra (ASK) | <p>Provides free legal aid to the disenfranchised, including victims of violence</p> <ul style="list-style-type: none"> - Implements programmes in twelve upazilas of eleven districts <p>Operates five legal aid clinics within Dhaka</p> <p>Collaboration of 215 legal clinics with BRAC outside Dhaka</p> <p>Runs a temporary shelter home called <i>Halfway Home</i> based in Dhaka. Also makes referrals to other shelter homes (<i>Nirmol</i> and <i>Shishu Polli Plus.</i>)</p> <p>Offers counselling services and invites other organizations to develop staff by sending them to counselling training programme at Bangladesh Institute of Management (BIM).</p> <p>Mobilize women and communities by lobbying with state authorities to ensure that proper and timely action takes place for violence victims. Also generates public awareness and opinion on cases on VAW.</p> <p>Compiles media-reported incidences of VAW and disseminates this information to the public. Publishes Annual Human Rights Report in Bangladesh (since 1998).</p> <p>Conducts training and awareness building and produces its own posters, leaflets and short videos and other awareness building tools.</p> |
| Bangladesh National Women's Lawyers Association (BNWLA) | <ul style="list-style-type: none"> - Paralegal training, legal aid and advocacy, legal education - Lobbying with government for legal reform. - Provides legal awareness training to government and non-government personnel, lawyers, and the police. <p>Provides shelter home called <i>Proshanti</i> where they provide legal aid, basic food & shelter, recreation facilities, medical and psychological care, repatriation of trafficked women, formal and non-formal schooling, capacity building of survivors, staff, and partner organizations, vocational training and carry out cultural events for survivors of violence.</p> <p>Conduct advocacy, research and awareness to prevent future violent acts and are developing a resource centre to provide resources to combat child trafficking and prostitution where partner organizations also contribute.</p> |

| | |
|------------------------------------|---|
| Bangladesh Mahila Parishad (BMP) | <ul style="list-style-type: none"> - Has links with law enforcing agencies - Provide legal support, legal counselling, and work together with legal, judicial and medical personnel to support survivors of violence - Work to bring about legal reform by drafting alternative laws. Rokeya Sadhan, a shelter home, provides medicare, legal aid, nutrition, education, skill development training, and job opportunities to more than thousands of distressed women. Currently accommodates 25 victims. Utilizes campaigns and advocacy as a means to bring about positive changes in patriarchal attitudes towards women. Work towards reform of law, especially the Uniform Family Code as well as anti-dowry and suppression of violence against women laws. - Seek to politically empower women and uphold the government's pledge to CEDAW and other international conventions. Child-marriage, polygamy, forced prostitution and religious fundamentalisms are some of the issues that BMP campaigns against. |
| Acid Survivors Foundation (ASF) | <ul style="list-style-type: none"> - Have a psychosocial unit (PSU) which offers counselling services to survivors of acid violence - Provide <i>free</i> medical support and have a 35-bed nursing and rehabilitation centre for women and children as well as a 15-bed hospital fully equipped with an operating theatre for reconstructive surgery. - Bring in surgeons from overseas to operate on survivors and train local surgeons - Have a training programme for local nurses to give first-class burns care - Rehabilitation programme to support survivors and help them find jobs and give them vocational training. - Provide financial assistance to survivors, help them reintegrate with their communities and provide legal aid and support. |
| MSCS (Marie-Stopes Clinic Society) | <ul style="list-style-type: none"> - BCC workers conduct limited supportive counselling for victims of violence, and if required refer her either to the centre for medical help or to a legal aid agency (BNWLA) if she wants to seek legal address. Often, field teams settle cases through couple counselling and family counselling. In some cases, the field team link up the victim to the local ward commissioner, who intervenes to settle disputes. - Provides services to violence survivors at the <i>clinic level</i> (Primary Health Care Centre – PHCC- level). Here, the counsellor screens and detects cases of VAW, conducts preliminary counselling and refers cases to the doctor as appropriate. The doctor ensures appropriate treatment as required. |

| | |
|--|--|
| (One Stop Crisis Centre) OCC | <ul style="list-style-type: none"> - Currently there are two One-Stop Crises Centres, (Dhaka Medical College Hospital (DMCH) and Rajshahi Medical College Hospital) under the Ministry of Women and Child Affairs, Government of Bangladesh - Further expansion of OCCs in Barisal, Chittagong, Khulna, and Sylhet is almost in the final stage. - These centres provide a place where abused and violated women and children can get all the services they need in one place. The OCCs provide medical treatment and care including assistance from the DMCH Burn and Plastic Surgery Unit, legal counselling and support from BNWLA, voluntary psychological counselling by Naripokkho, welfare services from the Department of Social Services and temporary accommodation for clients provided by the BNWLA Shelter Programme. Onsite police are available who can file cases and make charges. |
| Naripokkho | <ul style="list-style-type: none"> - Conducts awareness building as one of its major activities, especially among state agencies. Leaflets, posters, simple information on laws, and on state and non-state services are produced and disseminated. Small index cards with information on where to get what services are produced and widely distributed. |
| Centre for Women and Children's Studies (CWCS) | <ul style="list-style-type: none"> - Conducts research and disseminates reports on legal rights in order to raise awareness and provide information on the issue. - Reports, newsletters, and news clippings on VAW are collected in its resource centre. |
| Bangladesh Unnayan Parishad (BUP) | <ul style="list-style-type: none"> - Has analysed the <i>Anti-Dowry Acts</i> and the <i>Nari O Shishu Nirjaton Doman Ain 2001</i> and conducts research on other laws related to VAW. - Other research works include in-depth studies of the causes, sources, roots, and socio-psychological impact of trafficking in women as well as people's notions of the law. - Carries out report writing for raising awareness. - Lobbies and advocates for legal reform based on people's needs and wants. - By disseminating information and holding dialogues with policy makers and media on laws, BUP is able to create public opinion. - Future plans of BUP include the making of a short film on trafficking of women. It intends to distribute this film to NGOs working on awareness building and with victims of VAW. |

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